## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	
	C C00490375
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	d on
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination
Camornia (Varoco / Icocolation)	03 07 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	100.00
Oakland CA 94612	Transaction ID : D710676
Purpose of Expenditure	Date of Disbursement or Obligation
Online Ad Category/ Type	03 09 7 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Pornia Candara	President Senate State: DC
00.44	Dursement For: Primary General
Per Election for Office Sought 12653.23 2016	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue	A
	Amount
City State Zip Code	60.00
Oakland CA 94612	Transaction ID: D710677 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Category/	M M / D D / Y Y Y
Type	03 09 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
	oursement For: X Primary General
Per Election for Office Sought 12653.23	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171171171
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Martha Kuhl	"M / D D / Y Y Y Y Y
[Electronically Filed] Date	03 14 2016
Signature	